

**APPLICATION FOR SECTION 6377
MANUFACTURER'S EXEMPTION CERTIFICATE AND USE TAX DECLARATION***Please type or print. Attach additional sheets as needed. See reverse for instructions.***SECTION I: OWNERSHIP INFORMATION**

1. OWNER	2. DBA	3. CA SALES/USE TAX PERMIT NO.	4. SIC CODE
5. BUSINESS LOCATION (street, city, state and zip code)			6. BUSINESS TELEPHONE NUMBER ()
7. MAILING ADDRESS (street, city, state and zip code)			
8. NAME AND CAPACITY OF REPRESENTATIVE		TELEPHONE NUMBER ()	FAX NUMBER ()
9. TYPE OF OWNERSHIP	10. DATE FORMED OR ORGANIZED	11. FEIN	12. CORPORATE NUMBER

SECTION II: PARTNERS/STOCKHOLDERS/MANAGER/MEMBERS (This section applies only to a partnership, corporation or LLC.)

13. NAME	14. SOCIAL SECURITY NO.	15. % OF OWNERSHIP

Have any of the persons or entities listed in Section II been engaged in another manufacturing business in California, as a sole proprietor, partner, stockholder, or member? ☐ Yes ☐ No If yes, attach a separate sheet and list the name of that business, sales/use tax permit, and same information as required in Section II.

SECTION III: BUSINESS ACTIVITIES

16. MANUFACTURING LOCATIONS (name, street, city and state)		
17. MANUFACTURING OPERATIONS AND FINISHED PRODUCTS		18. DATE YOU FIRST CONDUCTED OR WILL CONDUCT A BUSINESS ACTIVITY RELATED TO MANUFACTURING IN CALIFORNIA
19. ACTIVITIES BETWEEN THE DATES IN BOX 10 AND BOX 18		
20. DATE OF FIRST PURCHASE OF MANUFACTURING EQUIPMENT IN CALIFORNIA	21. DATE OF INCEPTION OF FIRST LEASE OF MANUFACTURING EQUIPMENT IN CALIFORNIA	22. DATE YOU FIRST BEGAN OR WILL BEGIN PRODUCTION IN CALIFORNIA
23. ARE YOU CURRENTLY ENGAGED IN A BUSINESS OTHER THAN MANUFACTURING? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe such business activities		
24. Have you previously been engaged in a trade or business in California? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Box 25 through 27.		
25. NAME	26. CA SALES/USE TAX PERMIT NO.	27. TYPE OF BUSINESS AND SIC CODE


SECTION IV: PURCHASE OF EXISTING BUSINESS (Complete this section only if you have purchased or will purchase an existing business in state).

28. NAME AND CALIFORNIA SALES/USE TAX PERMIT NUMBER OF SELLER	<input type="checkbox"/> STOCK PURCHASE ONLY	29. TOTAL PURCHASE PRICE \$	30. PURCHASE DATE
31. Are you engaged in a business, inside or outside California, other than this acquisition? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete box 32 through 35 for each business.			
32. NAME AND LOCATION OF OTHER BUSINESS	33. TYPE OF BUSINESS	34. FAIR MARKET VALUE OF TOTAL ASSETS \$	35. VALUATION DATE

SECTION V: CHANGE IN LEGAL FORM (Complete this section only if the business entity in this application is a result of a change in legal form).

36. NAME AND CALIFORNIA SALES/USE TAX PERMIT NUMBER OF PREVIOUS ENTITY		37. OWNERS OF THE PREVIOUS ENTITY	
		NAME	% OF OWNERSHIP
38. DATE LEGAL FORM WAS CHANGED	39. TYPE OF OWNERSHIP OF PREVIOUS ENTITY		

The statements above are hereby certified to be correct to the best knowledge and belief of the undersigned, who is duly authorized to sign this application. (If not a sole proprietor, partner, corporate officer or manager/member of LLC, please complete and attach BOE-392, Power of Attorney.)

40. PRINT NAME	41. CAPACITY
42. SIGNATURE 	43. DATE

INSTRUCTIONS

- Box 1:** Enter the name of sole proprietor, husband/wife, partnership, corporation, or Limited Liability Company (LLC).
- Box 2:** Enter the name you are otherwise known as ("doing business as").
- Box 3:** Enter your seller's permit or consumer use tax permit number. This application will not be processed without a permit number. If you are required to hold a sales/use tax permit, and you do not have one, call (800) 400-7115 to obtain an application. Submit your application for manufacturer's partial exemption when you receive your permit number from the Board of Equalization.
- Box 4:** Enter the code in which your business is classified in the 1987 Edition of the Standard Industrial Classification Manual (SIC). If you do not know what your code is, you may leave this blank. The Board will determine your code based on available information.
- Box 5:** Enter the address where you conduct your business.
- Box 6:** Enter the telephone number for your business location.
- Box 7:** Enter the address where you receive mail if different from box 5.
- Box 8:** Enter the name and capacity of the person authorized to communicate with the Board regarding this application (for example: John Doe, CPA). Enter this person's daytime telephone and fax numbers. If you are a sole owner and you represent yourself, enter "owner" and your daytime telephone and fax numbers.
- Box 9:** Enter the type of business entity (Sole Proprietor, Husband/Wife, Partnership, Corporation or LLC).
- Box 10:** Enter the date this business entity was first formed or organized.
- Box 11:** Enter your Federal Employer Identification Number (FEIN).
- Box 12:** If corporation or LLC, enter the number the Secretary of State has stamped on the Articles of Incorporation.
- Box 13:** Enter the name of ALL partners and LLC members, regardless of % of ownership. Enter the name of stockholders owning 50% or more of stocks. If none of the stockholders own at least 50%, enter "NONE" and skip to box 16.
- Box 14:** Enter the social security number of each person listed in box 13.
- Box 15:** Enter the percentage of ownership for each person listed in box 13.
- Box 16:** Enter the name and address of the location(s) where manufacturing is or will be performed.
- Box 17:** Describe your manufacturing operations and list the products that are or will be manufactured.
- Box 18:** This date commences your manufacturing trade or business. This date could be on or before the date you first purchased or leased manufacturing equipment. Research and development activities alone do **not** commence manufacturing activities.
- Box 19:** Describe business activities after the business entity was formed (box 10) until manufacturing-related activities commenced (box 18).
- Box 20:** Enter the date you first purchased or will purchase manufacturing equipment.
- Box 21:** Enter the date you first leased or will lease manufacturing equipment.
- Box 22:** Enter the date you began production or the estimated start date of production.
- Box 23:** If you conduct business activities other than manufacturing and selling the products you manufacture as described in box 17, describe such other activities.
- Box 24:** If you operated a prior business, mark "yes" and complete box 25. If you do not have a prior business, mark "no" and skip to box 40 if sections IV or V do not apply to you.
- Box 25:** Enter the name of prior business. Complete box 26.
- Box 26:** Enter seller's permit or consumer use tax permit number of prior business. Complete box 27.
- Box 27:** Describe activities of prior business and the SIC code for that business.
- Box 28:** Enter the name and the permit number of the business acquired or will be acquired. Mark box if you purchased shares of stocks only.
- Box 29:** Enter the total purchase price of the business acquired or will be acquired.
- Box 30:** Enter the date of acquisition.
- Box 31:** If you are currently engaged in a business other than this acquisition, or you have other acquisitions mark "yes". If "no" skip to box 40 if section V does not apply.
- Box 32:** If "yes" in box 31, enter the name and address (City & State) of each business entity.
- Box 33:** Describe business activities of each entity listed in box 32.
- Box 34:** Enter the fair market value of total assets of each business entity listed in box 32.
- Box 35:** Enter the date the fair market value listed in box 34 was determined.
- Box 36:** Enter the name and permit number of the business entity under which you previously operated.
- Box 37:** Enter the name of the sole proprietor, partners, stockholders, or members of the previous entity and their % of ownership.
- Box 38:** Enter the effective date of the change.
- Box 39:** Enter the type of business organization (sole proprietorship, husband/wife, partnership, corporation or LLC) of the previous entity.
- Box 40:** Print or type the name of the individual authorized to sign this application.
- Box 41:** Enter capacity of the individual named in box 40. Attach a Power of Attorney as required.
- Box 42:** Signature of the individual named in box 40. Signature must be original.
- Box 43:** Enter date this application was signed.

FOR BOARD USE ONLY

APPROVED		
<input type="checkbox"/> Three-Year Period Begins	Ends	Denied <input type="checkbox"/>
DATE CERTIFICATE/DECLARATION ISSUED	CONTROL NUMBER	REASON FOR DENIAL
REVIEWED BY	APPROVED BY	DATE OF DENIAL LETTER